

OCT 21 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County LivingstonRegistration District No. 508File No. 34676Township ChillicothePrimary Registration District No. 5076Registered No. 127City Chillicothe(No. 1)St. Mo.Ward 12. FULL NAME Catherine T. Pendergast(a) Residence, No. 312 - OakSt. Mo.Ward 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard Pendergast6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown - 1/18/58

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sandusky Ohio

FATHER

13. NAME William Feeney14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Mary Morris16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT Catherine Pendergast(ADDRESS) Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Catholic DATE Sept. 24-193719. UNDERTAKER James D. Gordon(ADDRESS) Chillicothe, Mo.20. FILED Sept 26, 1937Donald M. Howard

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22 - 193722. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1936 to Sept. 22, 1937I last saw h.e.a. alive on Sept. 21, 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chr Myocarditis

Date of onset

Other contributory causes of importance: 130Name of operation ClinicalDate of NoWhat test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury NoWhere did injury occur? No

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoNature of injury No24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify Doyle M. Doyle

(Signed)

M. D.

(Address) Chillicothe, Mo.

